

APPLICATION FOR DEALER/DRIVE-AWAY/OFFICE TRAILER PLATES

FEE \$

LICENSE YEAR ENDING

No. Decals

No. Plates

DEALER NAME		DEALER NO.	SS# OR EMP. ID#
ADDRESS		TYPE OF PLATES *	BUSINESS PHONE # ()
CITY	STATE	ZIP	PLATE NUMBERS DMV USE ONLY
NO. PLATES			CURRENT PLATES

INSURANCE CERTIFICATION

*For Drive-Away Plates see reverse side.

☐ I/We certify that vehicles owned or assigned to my firm are insured by a policy issued through an insurance company licensed to do business in Virginia and that the policy provides at least the minimum amount of coverage as required by law.

☐ A certificate of self insurance # has been issued by DMV pursuant to §46.2-368 with respect to each dealer's license plate issued.

NOTE: AUTOMOBILE LIABILITY INSURANCE SHALL BE MAINTAINED ON EACH DEALER'S LICENSE PLATE FOR SO LONG AS THAT PLATE REMAINS VALID.
Insurance certification is not required for office trailer plates.

I certify and affirm under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge. I understand that it is unlawful to knowingly make a false statement and any violation will be punishable as a Class 2 misdemeanor.

CHECK ONE BOX

DSD 9 (Rev. 12/96)

SIGNATURE MUST BE BY OWNER, PARTNER OR OFFICER

DATE

PRORATED FEES:	MOTOR VEHICLE DEALER BOARD		DMV						
	DEALER		MOTOR HOMES AND TRAILERS		MOTOR CYCLE	RESERVE PLATE	DRIVE-AWAY		OFFICE TRAILER
TOTAL MONTHS OF REGISTRATION	FIRST 2 REGULAR PLATES	EACH ADDITIONAL REGULAR PLATE	FIRST 2 REGULAR PLATES	EACH ADDITIONAL REGULAR PLATE	EACH PLATE	EACH PLATE	FIRST 2 PLATES	EACH ADDITIONAL PLATE	EACH REGULAR PLATE
12 mos.	40.00	15.00	30.00	13.00	9.00	10.00	75.00	20.00	22.00
11 mos.	36.67	13.75	27.50	11.92	8.25	9.17	68.75	18.33	20.17
10 mos.	33.33	12.50	25.00	10.83	7.50	8.33	62.50	16.67	18.33
9 mos.	30.00	11.25	22.50	9.75	6.75	7.50	56.25	15.00	16.50
8 mos.	26.67	10.00	20.00	8.67	6.00	6.67	50.00	13.33	14.67
7 mos.	23.33	8.75	17.50	7.58	5.25	5.83	43.75	11.67	12.83
6 mos.	20.00	7.50	15.00	6.50	4.50	5.00	37.50	10.00	11.00
5 mos.	16.67	6.25	12.50	5.42	3.75	4.17	31.25	8.33	9.17
4 mos.	13.33	5.00	10.00	4.33	3.00	3.33	25.00	6.67	7.33
3 mos.	10.00	3.75	7.50	3.25	2.25	2.50	18.75	5.00	5.50
2 mos.	6.67	2.50	5.00	2.17	1.50	1.67	12.50	3.33	3.67
1 mo.	3.33	1.25	2.50	1.08	.75	.83	6.25	1.67	1.83

DSD9 (Rev 12/94)

NO REFUNDS ON PLATE(S)

DRIVE-AWAY

If application is for Drive-Away Plates, please furnish the purpose for which plates will be used _____.

PRIVACY STATEMENT

In accordance with Sections 2.1-196.1, 2.1-731, 2.1-734, et al of the Virginia Code, the State Comptroller requires that this information including your social security number, be collected for debt set off collection purposes.